

Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

ELECTIONS COMMISSION

of Maseachusetts	2012 CED_Q D 3: 17
File with: City or Town Clerk or Election Commission	2013 361 - 1 1 3 - 1
S CONTRACTOR OF THE PARTY OF TH	I information, except signatures.
Fill in dates: Reporting Period Beginning Date Delte	1913 Ending 8 36 1973
Type of report: (Check one)	ection □30 day after election □year-end report □dissolution
Full Name of Candidate (if applicable) City Councillor, Ward 5, Brockton Ma Office Sought and District 37 Anawan 5+ Brockton MA Residential Address 508.584.6919 Tel. No. (optional)	Committee to ElectAme Pravegard Committee Name Committee Name Committee Treasurer Bracker Committee Mailing Address Committee Mailing Address Tel. No. (optional)
SUMMARY BAL Line 1: Ending balance from pr Line 2: Total receipts this perio Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this Line 5: Ending balance (line 3 min Line 6: Total in-kind contributions Line 7: Total (all) outstanding liab Line 8: Name of bank(s) used	d (page 2, line 11) \$ 1952.23 \$ 1952.23 period (page 3, line 14) \$ 861.57 us line 4) \$ 100.66 willities (page 4) \$ -0-
finance activity, including all contributions, loans, receipts, expenditures, disb campaign finance activity of all persons acting under the authority or on behal	is, to the best of my knowledge and belief, a true and complete statement of all campaign ursements, in-kind contributions and liabilities for this reporting period and represents the fof this committee in accordance with the requirements of M.G.L. c. 55. penalties of perjury:
FOR CANDIDATE FILINGS	ONLY: (CANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the commit I certify that I have examined this report including attached schedules and it is finance activity, of all persons acting under the authority or on behalf of this contributions, incurred any liabilities nor made any expenditures on my behalf Candidate without Committee OR Candidate with independent activity I certify that I have examined this report including attached schedules and it is	tee s, to the best of my knowledge and belief, a true and complete statement of all campaign committee in accordance with the requirements of M.G.L. c. 55. I have not received any during this reporting period. sy filling separate report s, to the best of my knowledge and belief, a true and complete statement of all campaign tements, in-kind contributions and liabilities for this reporting period and represents the of this committee in accordance with the requirements of M.G.L. c. 55.



SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Name and Residential Address		Am	ount	Occupation & Employer	
Received	The second secon			(for contributions of \$200 or more	
8/14	Marcel + Rita Becerrages of 36	100	00		
8/26	Laurence Consider De front	250	00	Tall River, Inthe Ingm	
8/18	Keithyt Dick terrentiosse Leust Ave Breckten	100	00		
8/14	Peult Derenttill	75	00		
8/18	Patricia Hanle Bracker	100	00		
8/14	William MCCathy 37 Arentosto2802	233	00	retired 44 US Post-ORGEN JOHN	
7/15	Michelle My ph 0230	104	D 3	<i>₹</i>	
8/14	metter st with 02301	75	00		
8/14	584 Court of Breedow	100	ce		
2					
				, et	
Line 9: Tota	Il receipts in excess of \$50 (or listed above)	1137	23	1	
Line 10: Tota	Il receipts \$50 and under* (not listed above)	815	00	y an	
ine 11: TO7	TAL RECEIPTS IN THE PERIOD	1953	23	Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	ount
8/14	Dollartree	Bockton 0730	2 4666	4	25
8/20	Liberty Primo	99 Lansores		250	0
8/27	n , , ,	h - 11	<i>~</i> ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	200	01
8/6	US Pasta Crai	Brechen 0330	3 post coul	33	De
8/19	Λ , ,	h))	Stanps	53	24
			and a		2 2
8/14	Christon Reduced	Created (3)	oci) finoleisor 10 (expinoles)	321	08
		(6/1			
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		1			
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		Line 12: E	Expenditures over \$50	824	32
		Line 13: E	xpenditures \$50 and under*	37	25
Er	nter on page 1, line 4	Line 14:T	OTAL EXPENDITURES	361 5	57

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date	From Whom Received*		Description of	Value
Received	Xin Kong	03452	Contribution	
7/1//3	Go Vn Doc media	Unit Deffey NH	Created post card	\$100,00
112	2 man st	(bug wees add ress be both	'	
		0		2
			l ,	
		4		
	* * *			
ine si				
-	- 6	15		
	. 4			
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	4100.00

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor, in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
			3	
				e 11
			·	20
	· .			
	Enter on page 1, line 7	Line 18: OUTSTANDING LIA	ABILITIES (ALL)	10

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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